

SAN DIEGO COUNTY SEXUAL ASSAULT RESPONSE TEAM SYSTEMS REVIEW COMMITTEE REPORT 2012 - 2013

HEALTH AND HUMAN
SERVICES AGENCY

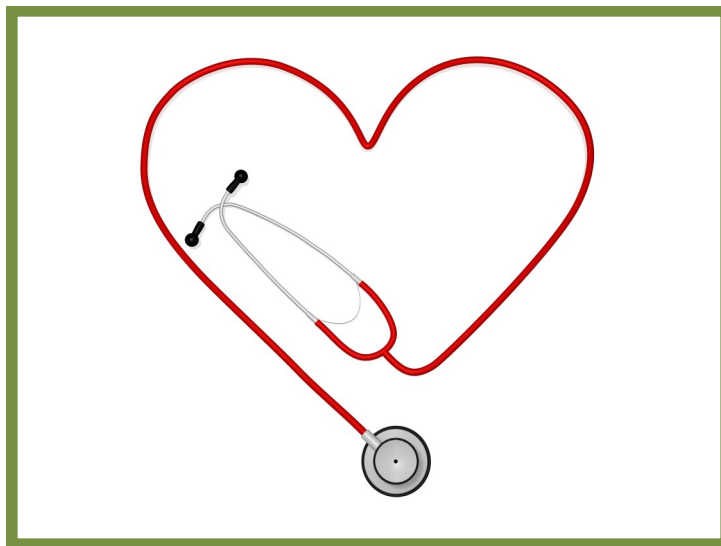
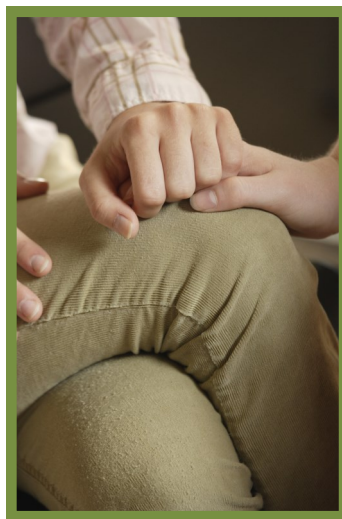


COUNTY OF SAN DIEGO
HHSA
HEALTH AND HUMAN SERVICES AGENCY



LIVE WELL
SAN DIEGO

August 2015



PUBLIC HEALTH SERVICES

EMERGENCY MEDICAL SERVICES

SAN DIEGO COUNTY SART REPORT



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SAN DIEGO COUNTY *SEXUAL ASSAULT RESPONSE TEAM* *SYSTEMS REVIEW COMMITTEE REPORT*

County of San Diego
Health and Human Services Agency
Public Health Services
Emergency Medical Services

August 2015

SAN DIEGO COUNTY SART REPORT

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Executive Summary

The County of San Diego Health and Human Services Agency, Public Health Services, Emergency Medical Services branch (EMS) was charged with the responsibility of medical-legal examination data collection. This report includes the number of sexual assaults, as well as risk factors related to both the victim and the suspect as collected during the SART exam.

There were 721 examinations conducted for adults at SART facilities during the calendar years of 2012/2013, and 92% of the medical-legal exams conducted at adult SART facilities were for female victims.

During 2012/2013, the San Diego Police Department (PD) authorized 51% of county exams at adult facilities, followed by the San Diego County Sheriff's Department (17%), Naval Criminal Investigative Service (6%), Oceanside PD, (5%), El Cajon PD (3%), Escondido PD (3%), Chula Vista PD (3%), Calrsbad PD (3%), La Mesa PD (2%), National City PD (2%), Harbor Police (1%), Cal State Police (1%), and Coronado PD (<1%).

A majority of adult exams were for females ages 18 – 29. This age group comprises 24% of the total adult female population but 61% of exams, which translates to an examination rate of 70 per 100,000 females.

The exam rate for black females 18 years and older was more than twice the rate for white victims (76/100,000 vs. 30/100,000). The Hispanic female examination rate was 23 per 100,000 for female residents 18 years and older.

About three fourths (74%) of victims undergoing medical-legal examinations at adult SART facilities stated they knew the perpetrator.

Forensic examiners identified positive visible physical findings in 83% of adult medical-legal examinations.

There were 443 examinations (acute and non-acute) conducted for juveniles younger than 18 years, either at SART facilities or at the Chadwick Center at Rady Children's Hospital.

Six percent (6%) of juvenile exams were for boys and Sixty-one percent (61%) of juvenile exams were performed on those aged 13 to 17 years.

Mission Statement

To promote social change that fosters a society responsive to victims/survivors, their families and our community that holds offenders accountable.

VALUES:

Culture & Community Support

We are committed to meeting the diverse needs of all members of our community.

Education

We are committed to educating ourselves and the community through multi-disciplinary training and adhering to current standards of professional practice.

Professionalism

We are committed to an objective, state-of-the-art, knowledge-based practice, continuing education, nonjudgmental and honest interaction with victims, and open, respectful communication with other professionals in the field.

Sensitivity

We are committed to recognizing the physical and emotional needs of the victims, providing gentle and thorough acute and follow-up care.

Communication

We are committed to listening to one another's concerns, opinions and offering support through community education and resources.

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Introduction

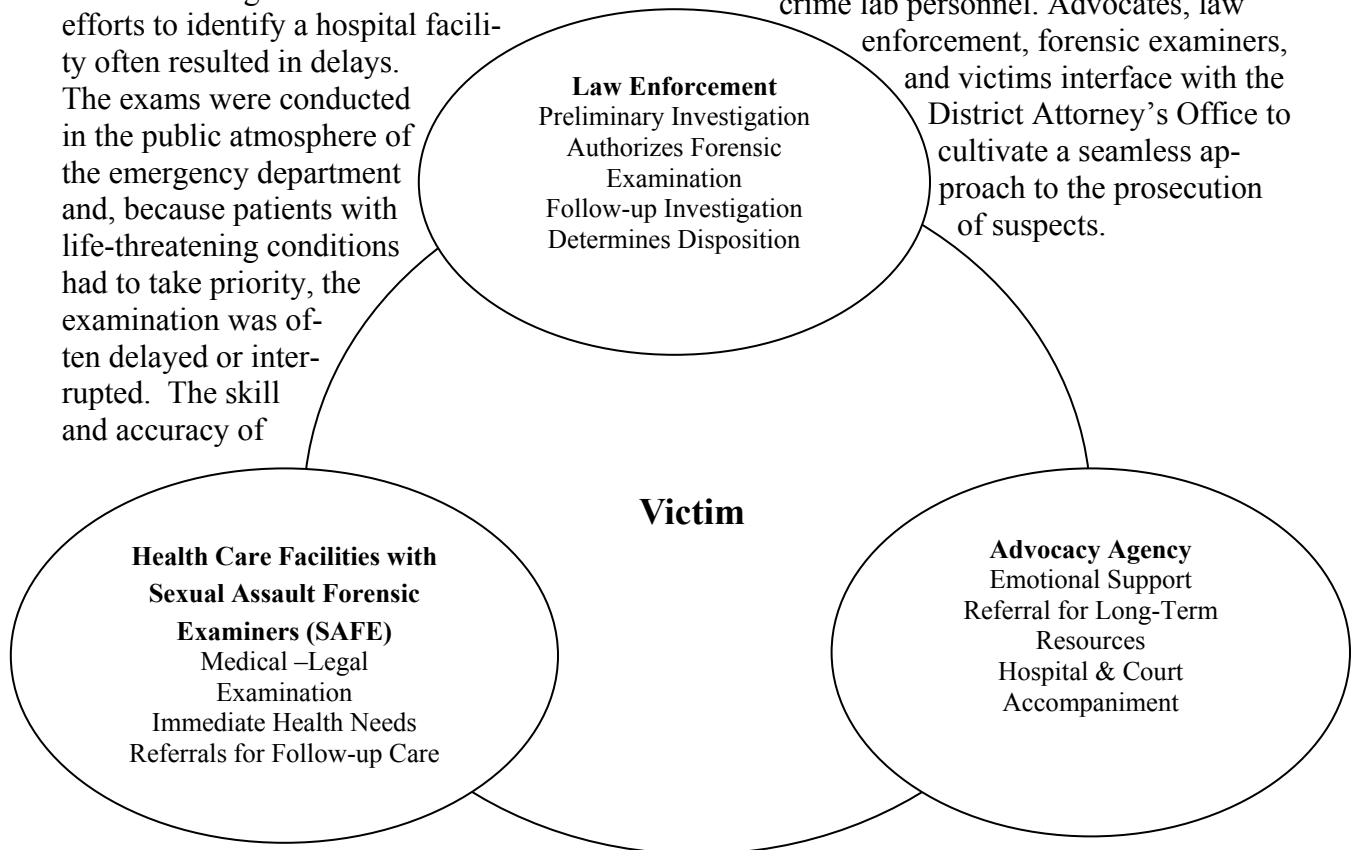
In August of 1991, the County of San Diego Board of Supervisors established the Sexual Assault Response Team (SART) model as the standard of care for victims of sexual assault in San Diego County.

Prior to the advent of the San Diego SART evidence collection efforts and emotional support for the adult victims of this crime were inconsistent and fragmented. The medical-legal examination was authorized by law enforcement agencies to collect information to assist in the prosecution of sexual assault perpetrators. Because the nature of the examination required that medical personnel conduct the procedure, law enforcement agencies contracted with emergency departments countywide to perform the exam. Before the implementation of SART, not all law enforcement agencies had such contracts and efforts to identify a hospital facility often resulted in delays. The exams were conducted in the public atmosphere of the emergency department and, because patients with life-threatening conditions had to take priority, the examination was often delayed or interrupted. The skill and accuracy of

the physical and historical exam was dependent on the experience of the medical practitioner. Emotional support may have been provided by nurses or social workers at some emergency departments, but there was no assurance of follow-up. The SART model was adopted to address these inconsistencies as well as other identified issues.

SART has two primary purposes: 1) to provide emotional support for the victims of sexual assault and 2) to ensure accurate evidence collection to promote the apprehension and prosecution of the perpetrators of this crime. SART utilizes a victim-sensitive, multidisciplinary approach to guarantee achievement of these goals. The team consists of law enforcement personnel, skilled forensic examiners, and sexual assault victim advocates. Since the implementation of the SART model, the program has been strengthened by the active participation of district attorneys and

crime lab personnel. Advocates, law enforcement, forensic examiners, and victims interface with the District Attorney's Office to cultivate a seamless approach to the prosecution of suspects.



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The SART program, initially conceived for adult civilian victims of sexual assault, has expanded to incorporate San Diego's child abuse centers. The military has a large presence in San Diego and their personnel have participated in SART activities since the beginning of the San Diego program and remain an active participant in the program.

The cooperative efforts of the many agencies involved have facilitated the standardization of countywide policies and procedures and have established a model that has gained regional and national recognition.

Overview of Current SART System

Since the formative years there has been increased SART community collaboration, not only between the adult SART participants, but also between professionals representing the child abuse facilities, the Office of the District Attorney, San Diego crime labs, and military programs. This extension of SART participation beyond the original model has resulted in a sharing of information, efforts to standardize treatment, intra-agency cross education, and coordination of services.

Currently all San Diego county law enforcement agencies have agreements with SART facilities to provide sexual assault medical-legal examinations:

Adult exams (≥ 18 years) are conducted at Palomar-Pomerado Forensic Health Services and Independent Forensic Services.

Child exams (0 - 13 years) and most exams for developmentally delayed persons are conducted at the Chadwick Center at Rady Children's Hospital San Diego or at the Child Abuse Unit at Palomar Hospital.

Adolescent exams (14 - 17 years) are

conducted at one of the three facilities listed above, dependent on law enforcement contract.

The forensic examination is a legal procedure and, as ordered by Penal Code Section 13823.95, the financial responsibility of the law enforcement agency in whose jurisdiction the sexual assault occurs.

Adult Examination Facilities

When notified of a sexual assault, law enforcement representatives respond to initial reports; work to enhance victims' safety; obtain a preliminary statement from the victim, to determine if a crime occurred; evaluate whether a forensic examination is warranted; and provide transportation to/from the exam site, as needed. If law enforcement determines that forensic evidence may be retrievable and if the victim consents to undergo a medical-legal examination, the 24-hour on-call sexual assault forensic examiner (SAFE) and sexual assault victim advocate are paged to meet law enforcement and the victim at the designated facility.

The forensic interview and examination are conducted by the forensic nurse specialist in the most private and confidential setting possible. San Diego SAFE's have all completed a special core curriculum course, providing didactic education and clinical experience in the examination, collection, and documentation of sexual assault forensic evidence. Examiners use either a colposcope or secure digital forensic imaging, both provide magnification to better visualize and photo document skin and genital injuries. A camera is attached to the colposcope, which provides photographic documentation of findings. Forensic practitioners provide education and prophylaxis for sexually transmitted diseases and emergency contraception when indicated.

The immediate availability of qualified clinicians to perform sexual assault medical-legal

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exams decreases the long waits previously experienced by sexual assault victims and enhances the prosecution of perpetrators. The SART system also enables law enforcement officers to return to the field in an expeditious manner.

Sexual assaults committed on military bases fall under the jurisdiction of the Naval Criminal Investigative Services (NCIS) or Criminal Investigation Division (CID). Sexual assault examinations of military personnel or dependents in San Diego proper (non-military bases) are authorized by the law enforcement agency in the jurisdiction where the assault occurred.

The sexual assault victim advocate is the person whose primary purpose is to provide emotional support throughout the process. In addition to providing support at the time of the exam, advocates ensure that victims are informed about follow-up counseling services, the Victim Assistance Program, and community resources. They may also accompany the victim to interviews and court proceedings, if needed. The primary agencies providing advocacy include:

- ◆ Center for Community Solutions (CCS) with branches in Pacific Beach, La Mesa and Escondido.
- ◆ Oceanside's Women's Resource Center

Other volunteer agencies, including the Citizens Adversity Support Team (CAST), Crisis Intervention (CI), the Trauma Intervention Program (TIP), and the Sexual Assault Prevention and Response (SAPR) program provide immediate emotional and psychological support for victims when requested.

The District Attorney Victim Assistance Program also provides court accompaniment and assists victims with a variety of services in-

cluding filing compensation claims for possible reimbursement of lost wages, as well as medical and counseling expenses.

Child Examination Facilities

The Chadwick Center at Rady Children's Hospital San Diego and Palomar Medical Center Forensics have comprehensive programs to assist in the detection and evaluation of child abuse and molestation. Their staff includes physicians, social workers and nurses.

At the request of law enforcement or Child Welfare Services (CWS), a physician/nurse team is immediately available for acute assaults reported within 72 hours of the incident. A daytime examination is scheduled for cases disclosed beyond 72 hours.

Every effort is made to eliminate unnecessary and repetitive interviews. At the request of law enforcement, specially trained social workers are available to conduct videotaped forensic interviews with child and adolescent victims. This service is also available for severely developmentally delayed adults.

SART Systems Review Committee

The Sexual Assault Response Team (SART) Systems Review Committee was established by the county to address specific policies and procedures related to the implementation and operation of the SART program in San Diego.

The Committee is comprised of representatives from the adult/adolescent SART facilities of Palomar Health Forensic Services and Independent Forensic Services, the child/adolescent centers of the Chadwick Center and Palomar Health Forensic Services, the Naval Medical Center San Diego, law enforcement agencies, advocacy programs, district attorneys and victim-assistance personnel from the District Attorney's (DA's) Office, Crime Labs, Indian Health Council and the County of San Diego Health & Human Services Agency, Public

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Health Services, Emergency Medical Services branch (EMS). The Systems Review Committee exemplifies how cooperation and collaboration can enhance outcomes of multi-disciplinary programs.

Data Collection

Currently SART facilities provide system data to EMS for input to a central computerized database. Data points were chosen to accomplish the following goals:

- ◆ Evaluate the strengths and weaknesses of the SART program
- ◆ Provide basic demographic victim information
- ◆ Track SART facility, law enforcement, and advocate agency participation
- ◆ Document physical injuries incurred as a result of sexual assault
- ◆ Provide data for grant funding and clinical research on sexual assault victims

A confidential questionnaire, available in English and Spanish, is used to elicit SART program feedback from survivors of sexual assault to improve the quality of the forensic exam. The questionnaire and a pre-stamped, pre-addressed envelope are given to the victim at the completion of the evidentiary examination. Responses are mailed directly to EMS, entered into a database, and anonymously shared with SART program personnel. The questionnaires ask victims to rate the services provided by law enforcement personnel, forensic examiners, and advocates as excellent, good, fair, or poor. Additionally, there is space to provide written comments for each agency. A majority of the victims rate the services as excellent.

Live Well San Diego and Sexual Assault

Live Well San Diego is a regional vision adopted by the San Diego County Board of Supervisors in 2010 that aligns the efforts of County government, community partners and

individuals to help all San Diego County residents be healthy, safe, and thriving. The vision includes three components. *Building Better Health*, adopted on July 13, 2010, focuses on improving the health of residents and supporting healthy choices; *Living Safely*, adopted on October 9, 2012, focuses on protecting residents from crime and abuse, making neighborhoods safe, and supporting resilient communities; and, *Thriving*, adopted on October 21, 2014, focuses on cultivating opportunities for all people to grow, connect and enjoy the highest quality of life.

Live Well San Diego encompasses community engagement on all levels. It starts with individuals and families who are leading efforts to be healthy, safe and thriving and grows through County-community partnerships to convene working groups, conduct program activities, and leverage each other's resources and capabilities to improve the health, safety and overall well-being of residents throughout San Diego County.

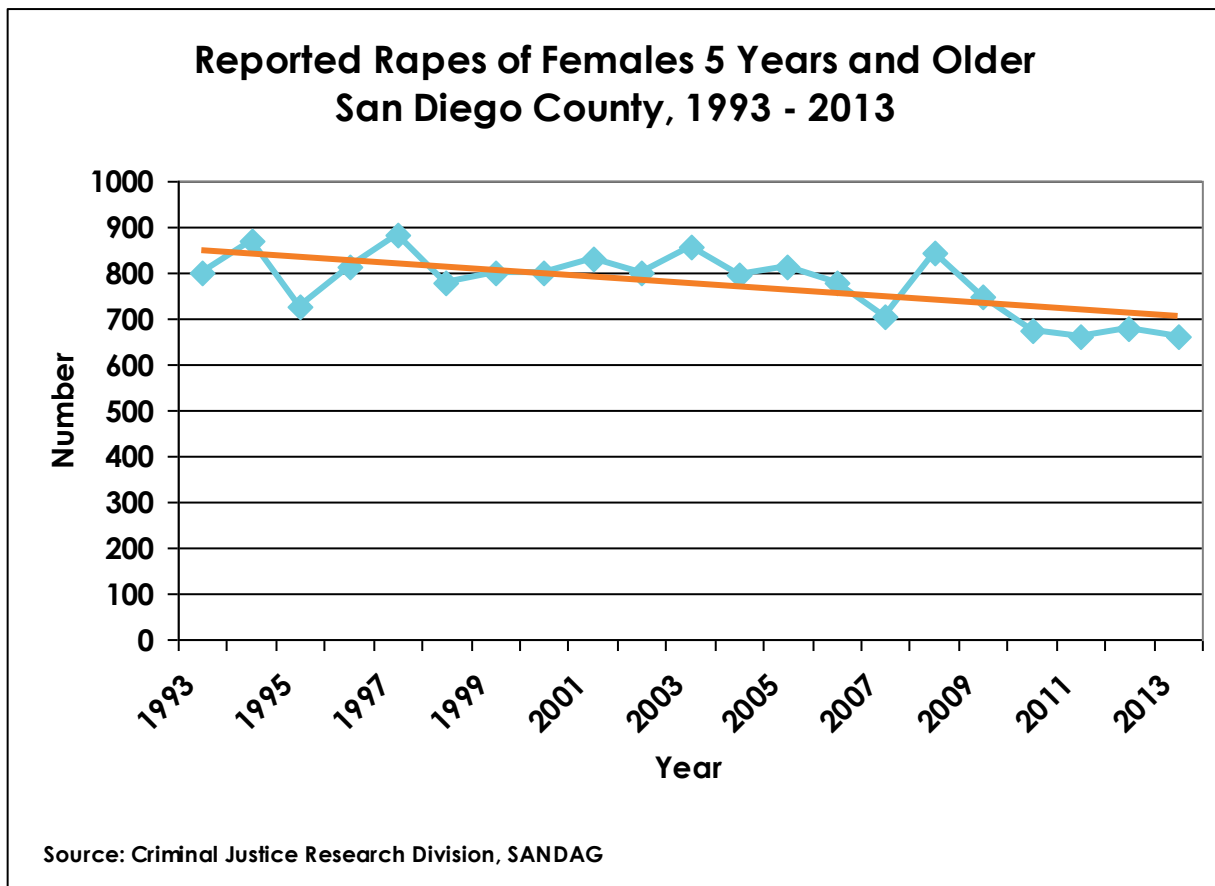
This San Diego County SART Report contributes to the Live Well San Diego vision by reporting the incidence of and factors related to sexual assault with the goal of injury and violence prevention in support of a healthy, safe and thriving region.

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Rape in San Diego County

San Diego law enforcement agencies report specific crimes to the FBI through the Uniform Crime Reporting (UCR) Program. Forcible rape, as defined in the Uniform Crime Reporting (UCR) Program, is the carnal knowledge of a female forcibly and against her will. Assaults and attempts to commit rape by force or threat of force are also included; however, statutory rape (without force) and other sex offenses are excluded. It also excludes non-forcible sexual assaults involving developmentally disabled persons and against victims who do not resist because of the influence of alcohol or drugs. Sexual attacks on males are reported separately in the FBI index assault category.

Law enforcement agencies also provide sexual assault data to the San Diego Association of Governments (SANDAG). Data reported to and analyzed by SANDAG differs from the UCR data in several areas and is useful for tracking sexual assault incidents in our region. For the years 1993 through 2013, SANDAG documented an annual average of 751 rapes and the number of documented rapes may be trending fewer over that timeframe.



CHAPTER

1

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Examinations of Adults 18 Years and Older 2012/2013

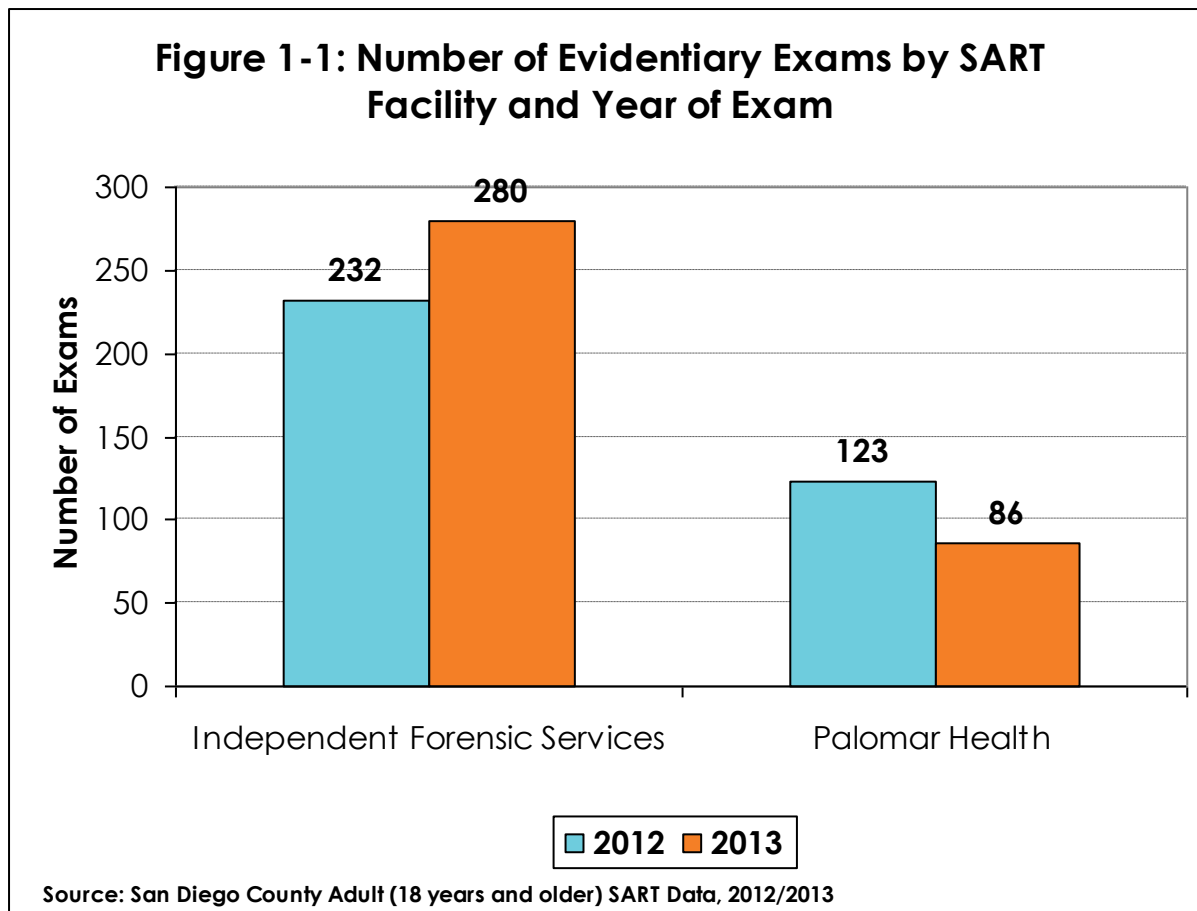


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Evidentiary Examinations of Adult Victims by Facility and Year

From January 1, 2012 through December 31, 2013, there were 721 evidentiary examinations for victims 18 years and older conducted at SART facilities. Annually, there were 355 examinations conducted in 2012 and 366 in 2013.

Independent Forensic Services (IFS), a non-hospital based business venture, conducted 512 (71%) of the examinations from 2012 to 2013. The high volume was due in part to a contract with the San Diego Police Department, which serves 42% of the county population. Palomar Health Forensic Services (which serves the north county and parts of the east county region), conducted 209 exams (29%).

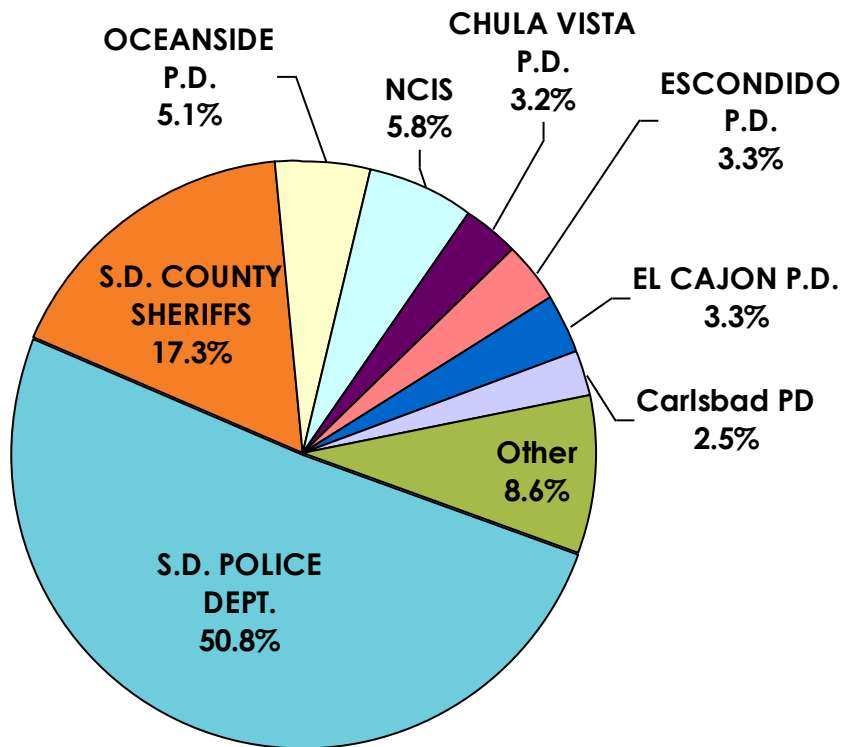


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Authorizing Law Enforcement Agency: Adult Victims

The responding law enforcement agency is responsible for authorizing the examination and transporting the victim to the SART facility. Since the examination is conducted for the purpose of collecting evidence, the authorizing law enforcement agency is also responsible for cost reimbursement. The San Diego Police Department, whose jurisdiction encompasses 42% of the county population authorized 50.9% of SART adult examinations from 2012 - 2013. The San Diego County Sheriff, which patrols the county's unincorporated regions and holds contracts with several cities authorized 17.3% of SART cases. Oceanside, with 5.4% of the population, had 5.1% of SART cases. The contributions of the other jurisdictions were as follows: Escondido (4.6% of population), 3.3%; Chula Vista (8.0% of population), 3.2%; El Cajon (3.2% of population), 3.3%; and Carlsbad (3.4% of population) 2.4%. In addition, the Naval Criminal Investigative Service (NCIS) authorized 5.8% of SART cases.

Figure 1-2: Authorizing Law Enforcement Agency: 2012/2013



N=721

Source: San Diego County Adult (18 years and older) SART Data, 2012 - 2013

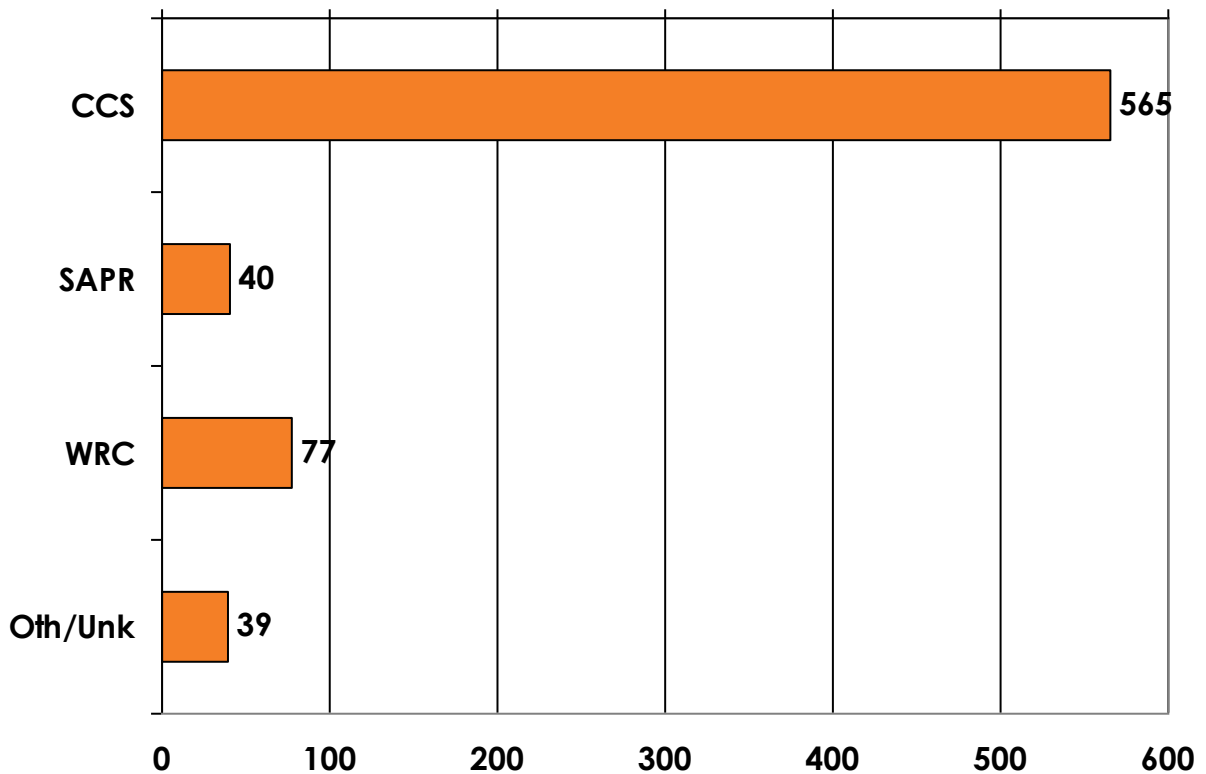
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Advocacy Agencies: Adult Victims

The sexual assault victim advocate's primary purpose is to provide emotional support throughout the SART process. In addition, advocates ensure that victims are informed about follow-up counseling services, the District Attorney's Office Victim Assistance Program, and community resources. If requested, they are present during law enforcement and attorney interviews and provide court accompaniment.

The majority of services were provided by the Center for Community Solutions (CCS), which performed 79.5% of advocacy services from 2012 and 2013. The Women's Resource Center (WRC) accounted for 10.8% of advocacy services, serving Palomar-Pomerado SART.

Figure 1-3: Sexual Assault Advocacy Agencies, 2012/2013

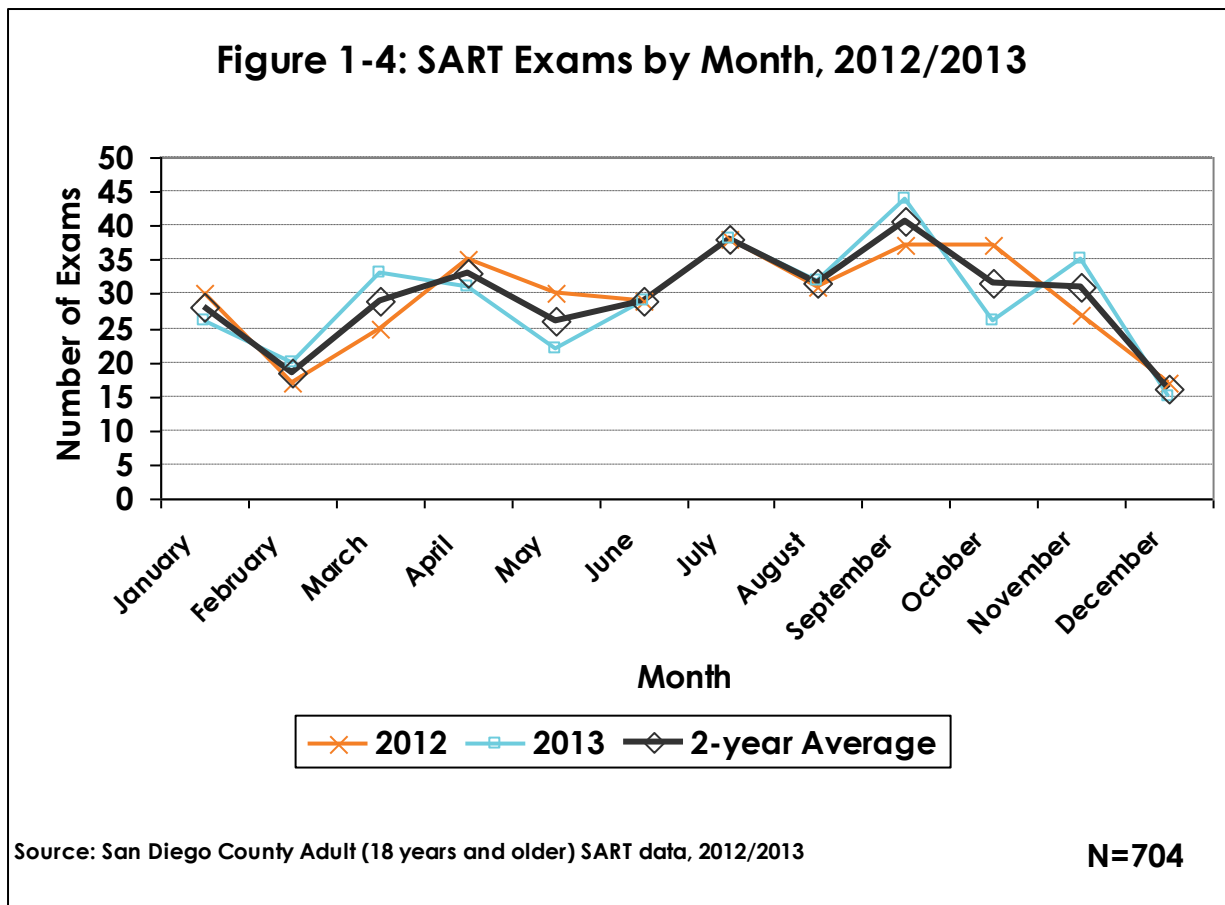


Source: San Diego County Adult (18 years and older) SART data, 2012 - 2013

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Month of SART Exam: Adult Victims

The following graph illustrates the number of SART exams by month and year. It also includes the 2-year average for each month. This average indicates a slight increase of SART exams in the late summer months with a decrease in the winter months.

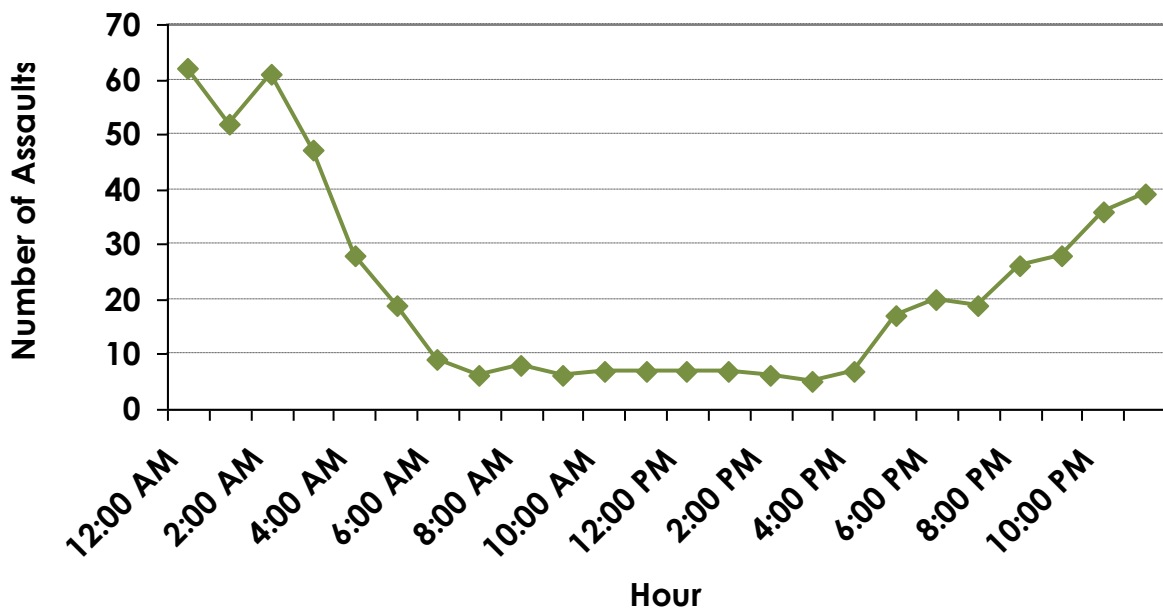


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Time of Assault: Adult Victims

Time of day is a strong factor in the occurrence of adult sexual assaults. For the years 2012/2013, 56% of the assaults with a known time of assault occurred between 10 p.m. and 4 a.m., with peak incidence from 12:00 to 3:00 a.m.

Figure 1-5: Time of Assault, 2012/2013



Source: San Diego County Adult (18 years and older) SART data, 2012/2013
Time of assault was not documented in 192 examinations.

N=529

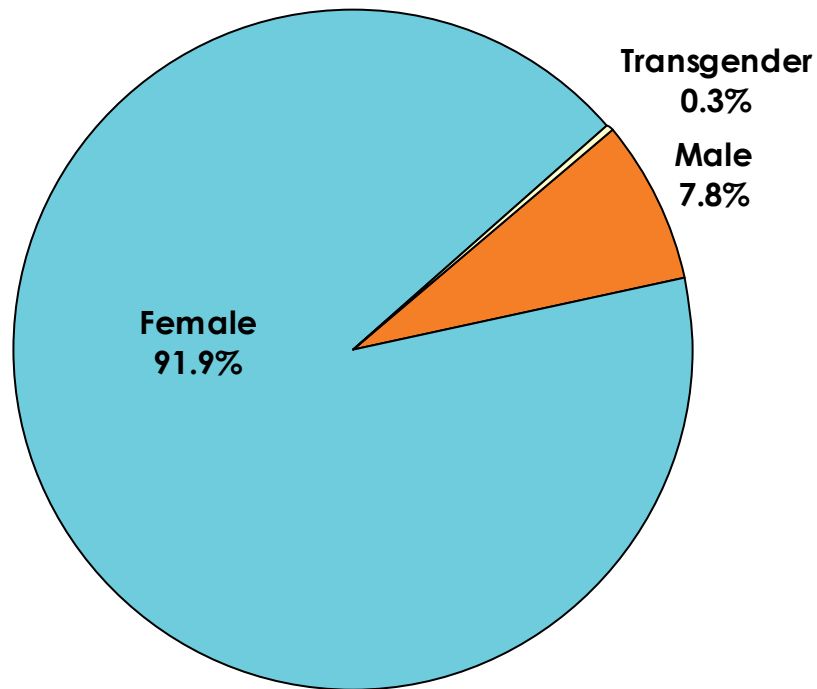
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Victim Gender: Adult Victims

While the majority (91.9%) of the evidentiary examinations performed were for female victims, SART facilities and advocate agencies have made a concerted effort to have appropriate services available for males as well. It is extremely important that the needs of male victims be actively addressed. It has been suggested that because the stigma of sexual assault is even greater for male victims than for females, they are far less likely to report an assault.

Research has shown that adolescent male victims of sexual assault are much more likely to act out their frustration through suicide attempts, violence, and substance abuse. Intervention, therefore, is crucial in this group in order to interrupt the cycle of victims becoming abusers.

Figure 1-6: Gender of Victim, 2012/2013*



Source: San Diego County Adult (18 years and older) SART data, 2012/2013
*Gender information is missing for 1 victim

N=720

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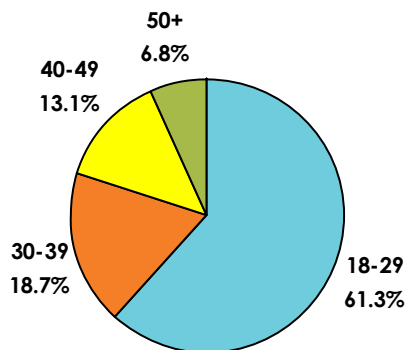
Age of Female Adult Victims

Despite comprising only 24% of the total adult female population, victims between 18 and 29 years made up 61.3% of adult evidentiary examinations in SART facilities, producing a rate of 70 exams per 100,000 adult women per year. Victims in the 18-29 year old age group had a rate of evidentiary examinations more than double that of the second highest group, the 30-39 year old age group (29 per 100,000).

The 30-39 year olds are the only age group whose percentage of examinations (18.7%) were similar to the percentage in the population (17.5%). Older age groups had much lower rates of examinations than would be expected based on their percentage of the adult female population. Meaningful rates for males could not be calculated due to the low number of adult male exams by age group.

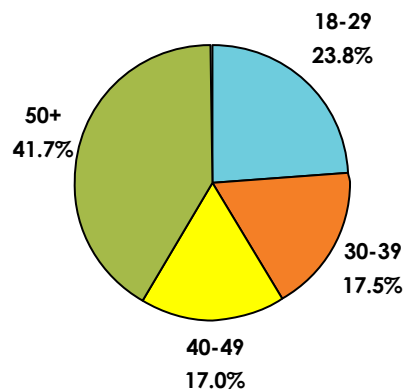
**Figure 1-7: Adult Females: Victims vs. Population by Age
San Diego County, 2012/2013**

**Age of Adult Female Victims
2012/13
(N=662)**



Source: County of San Diego Adult (18 years and older) Female SART Data, 2012/13

**San Diego County Adult Female
Population, 2013
(N=1,218,959)**



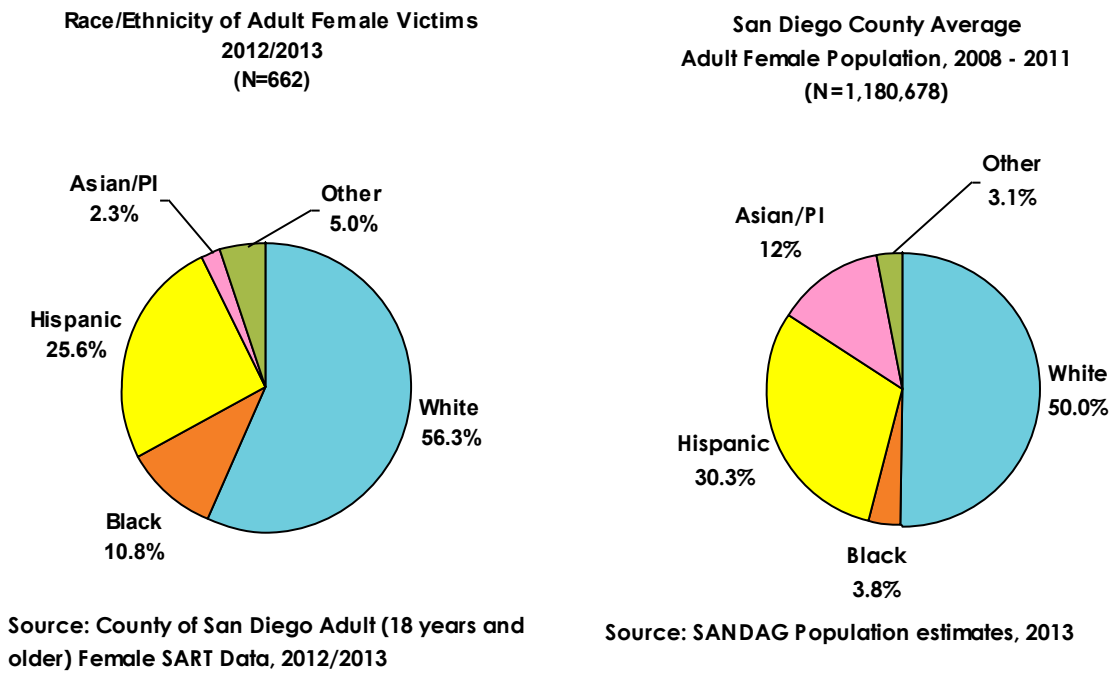
Source: SANDAG Population estimates, 2013

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Race/Ethnicity: Female Adult Victims

Many more examinations were performed for White female sexual assault victims than for Black women (371 versus 71 exams). However, since the Black population was so much smaller, the rate among Black women was calculated to be more than twice that of Whites (76 per 100,000 compared to 30 per 100,000). This data should not be used to draw conclusions about the rate of sexual assaults, since it is limited to those assault victims who reported the crime and received examinations.

**Figure 1-8: Adult Females: Victims vs. Population by Race/Ethnicity
San Diego County, 2012/2013**

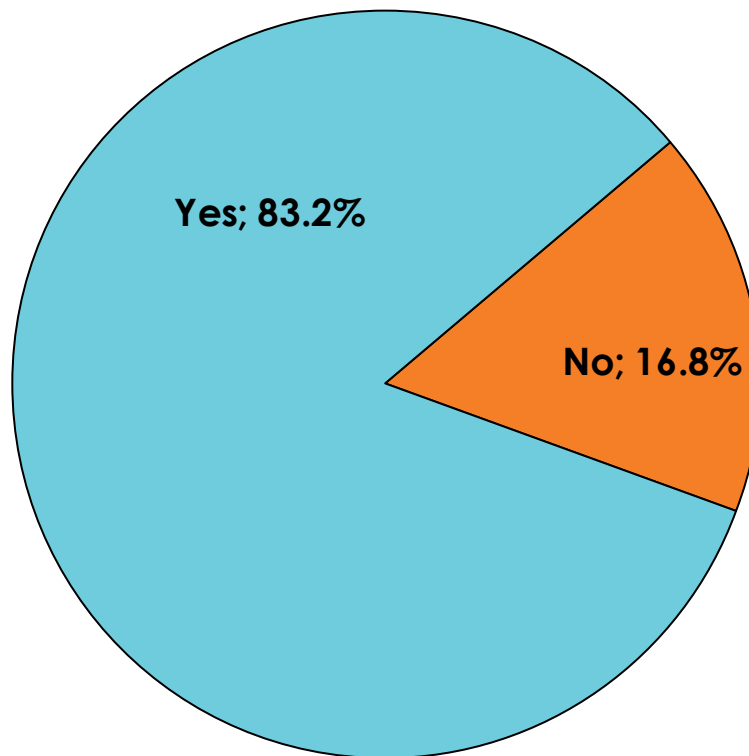


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Positive Visible Physical Findings: Adult Victims

Positive visible physical findings identified at the time of the examination may include anything from presence of biological fluids to external bodily injuries. The distinction of "visible" physical findings is important because biological evidence such as semen and blood, and trace evidence such as hair, debris, and fibers, can be analyzed by the crime lab which may identify additional corroborating evidence. In 2012/2013, 83.2% of cases examined at the SART facilities showed positive visible physical findings.

Figure 1 - 9: Positive Visible Physical Findings at Adult SART Facilities: 2012/2013



Source: San Diego County Adult (18 years and older) SART data, 2012/2013

N=721

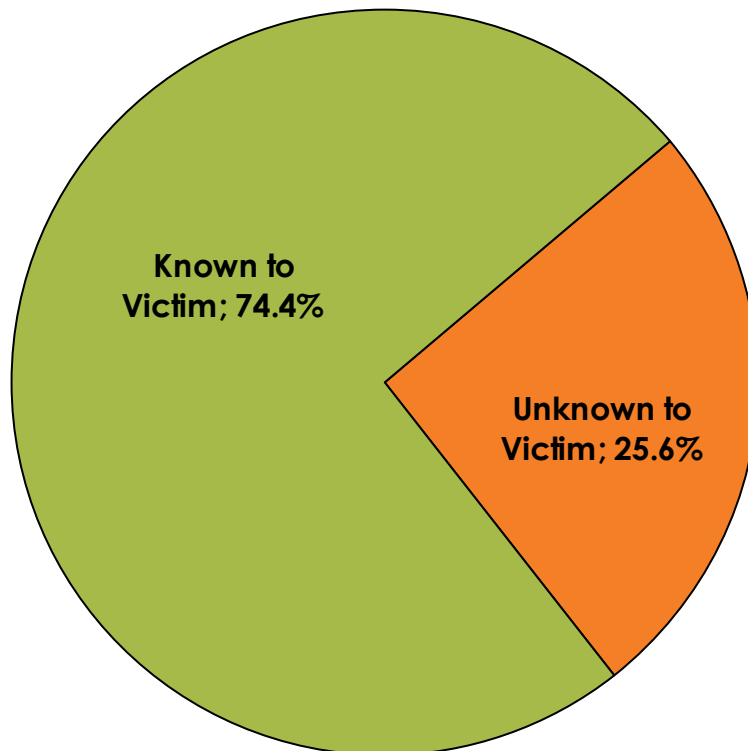
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Perpetrator Relationship: Known or Unknown to Adult Victims

San Diego data indicates that about three out of four of the victims who received evidentiary examinations knew their perpetrators. This is in contrast to a common belief that victims are primarily attacked by strangers.

Both types of assaults, non-stranger and stranger, present challenges to law enforcement personnel and district attorneys prosecuting the cases. In non-stranger assaults the defense often centers on the issue of whether there was consensual vs. non-consensual sex. In stranger assaults identifying the perpetrator is the challenge. However, increased Deoxyribonucleic Acid (DNA) testing and the establishment of a centralized DNA database has been very helpful in apprehending the perpetrators in stranger assaults.

**Figure 1-10: Perpetrator Relationship:
Known to Victim vs. Stranger: 2012/2013**



Source: San Diego County Adult (18 years and older) SART data, 2012/2013.
100 Cases with unknown Perpetrator Relationship

N=621

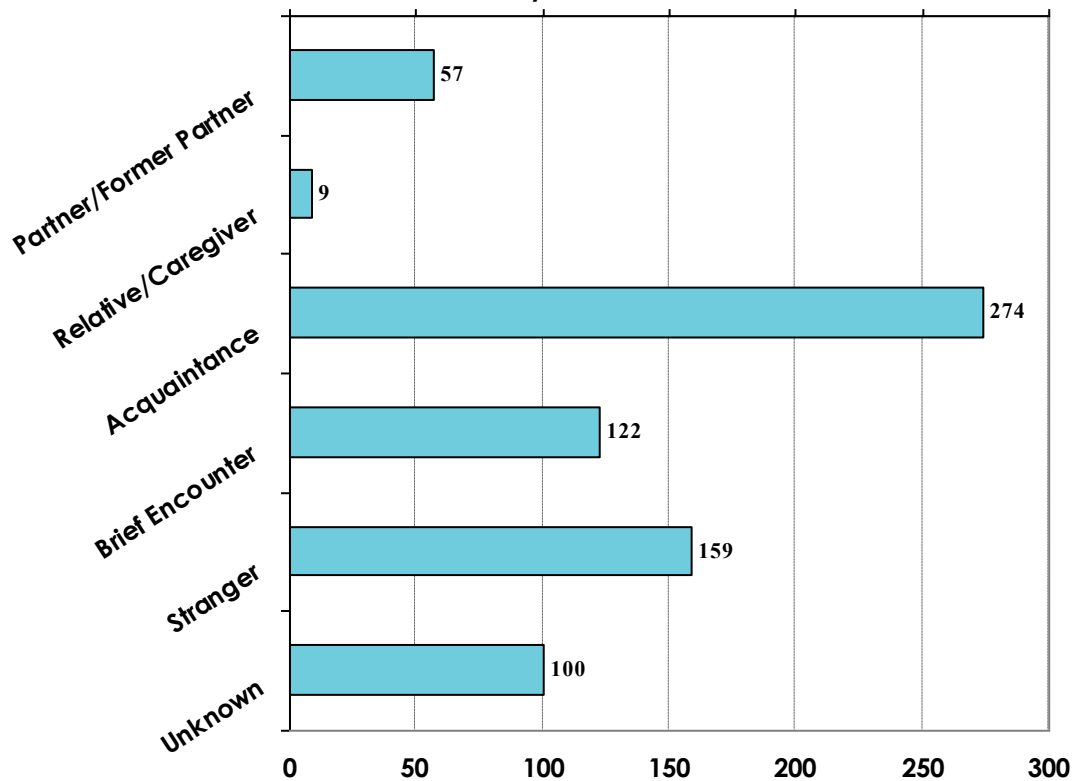
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Perpetrator Relationship: Adult Victims

The non-stranger relationship category included partners, relatives, and other acquaintances. Of the known relationships, 12.3% of the non-strangers were current or previous spouses, co-habitants, or significant others. “Acquaintances” made up 60% of known non-stranger cases, and consisted of a broad array of relationships ranging from classmates to co-workers to care-givers. The unknown relationship category includes cases where the victim is unable to provide information on the suspect (unconscious victims, non-verbal victims, etc).

A number of victims were assaulted by multiple attackers. When this was the case, perpetrator status was coded according to the assailant with the closest relationship to the victim.

**Figure 1-11: Perpetrator Relationship: Adult Victims,
2012/2013**



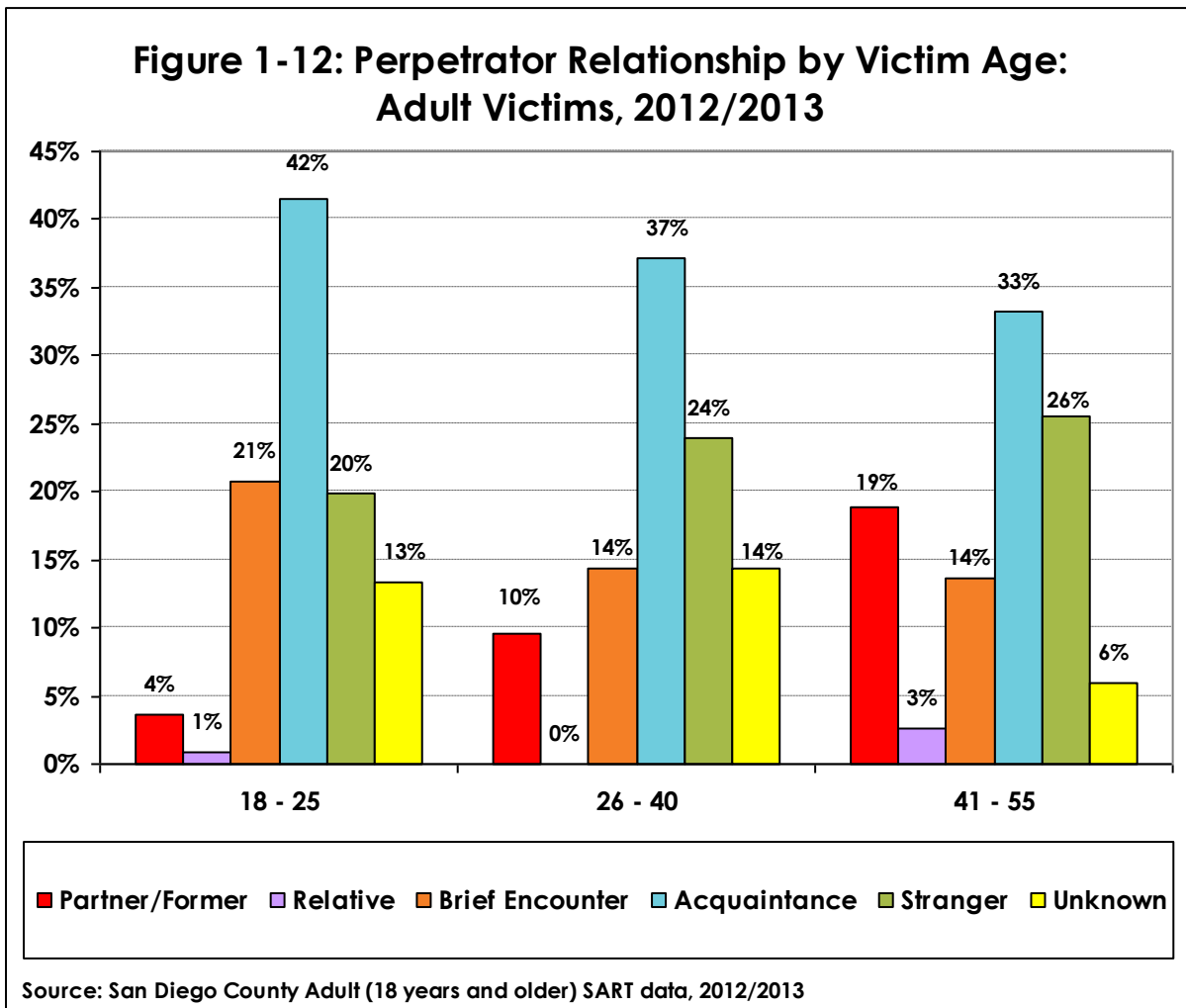
Source: San Diego County Adult (18 years and older) SART data, 2012/2013

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Perpetrator Relationship by Victim Age

The highest percent of perpetrator relationships was acquaintances for each age group, while relatives comprised the lowest percent

The distribution of perpetrator relationships changes with different age groups. The percent of partner/former partner and stranger relationships among the victim and suspect appears to increase with age while brief encounter and acquaintance relationships decrease with age.



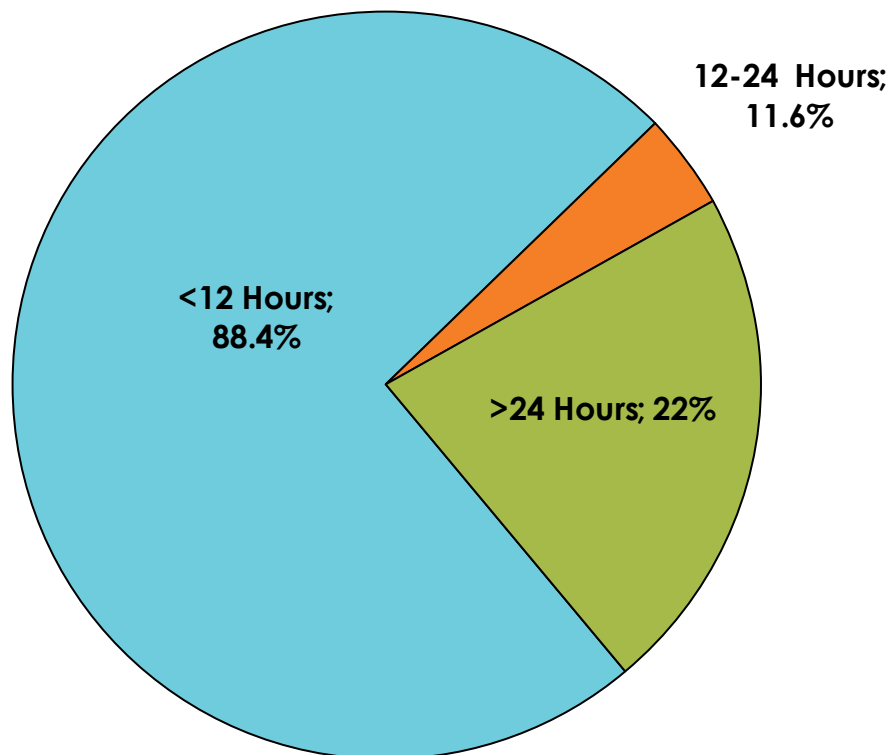
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Brief Encounter Relationships

Brief encounters, where the victim recently met the assailant (usually within the previous 24 hours), comprised 17% of encounters in which the victim knew the assailant. Situations where brief encounter relationships most likely develop between perpetrator and victim are at bars or parties. These facts point to opportunity for education for young women, and accordingly, many of the San Diego advocacy agency risk reduction campaigns are targeted to college campus activities.

The vast majority (88%) of brief encounter assaults involved victims that knew their assailant for less than 12 hours.

**Figure 1-13: Brief Encounter Relationship:
2012/2013**



Source: San Diego County Adult (18 years and older) SART data, 2012/2013

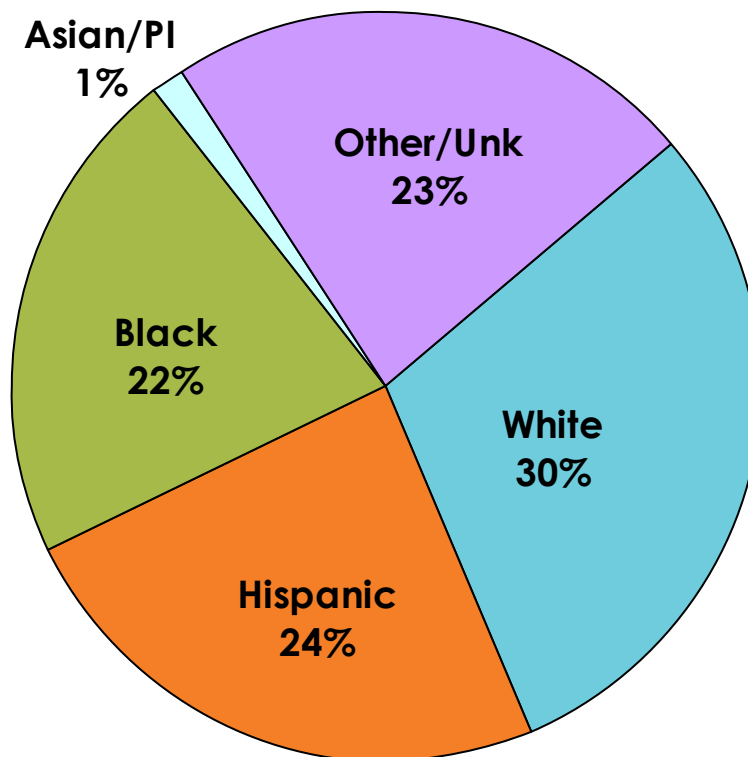
N=119

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Suspect Race/Ethnicity

While blacks represent about 4% of the San Diego County population, they make up approximately 22% of the sexual assault suspects in 2012/2013. Asians/Pacific Islanders comprised only 1% of the suspects, while representing about 12% of the general population. Unsurprisingly, a large percent of the suspects' race/ethnicities were unknown to the victim.

**Figure 1-14: Suspect Race/Ethnicity:
2012/2013**



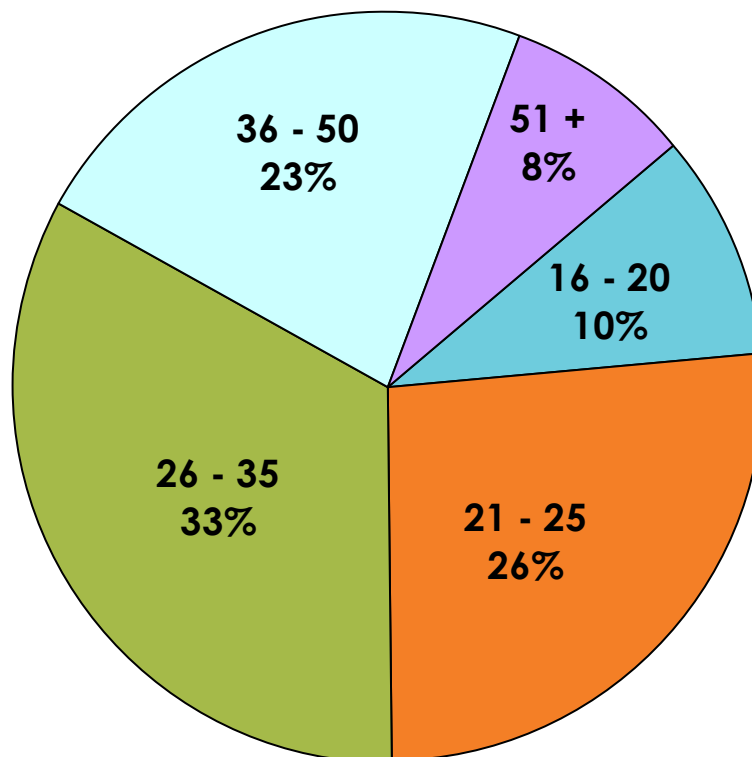
Source: San Diego County Adult (18 years and older) SART data, 2012/2013

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Suspect Age

Similarly to the age distribution of the victims, the sexual assault suspects are over-represented by younger adults. While adults over the age of 50 represent about 40% of the San Diego County Population, they make up only about 8% of sexual assault suspects. Approximately 60% of the sexual assault suspects were between the ages of 21 and 35.

**Figure 1-15: Suspect Age:
2012/2013**



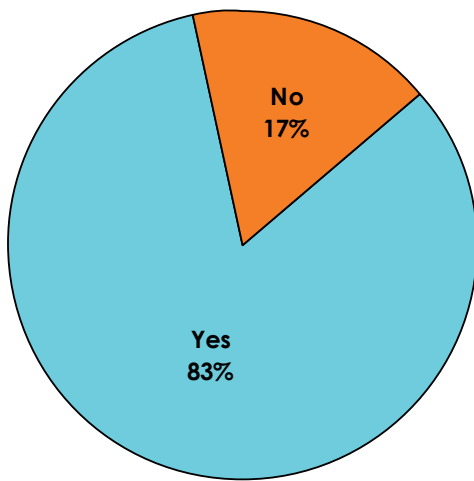
Source: San Diego County Adult (18 years and older) SART data, 2012/2013

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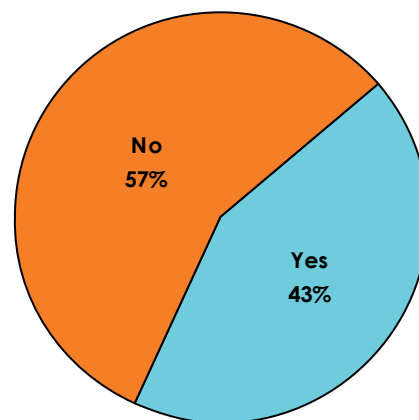
Suspect Alcohol and Drug Use

Alcohol use by the sexual assault suspect was reported in 234 out of 283 cases in which alcohol use status was known by the victim. While alcohol use was reported in a vast majority of cases, drug use by the suspect was reported in 43% of cases in which this status was known.

**Figure 1-16: Suspect Alcohol Use:
2012/2013**



**Figure 1-17: Suspect Drug Use:
2012/2013**



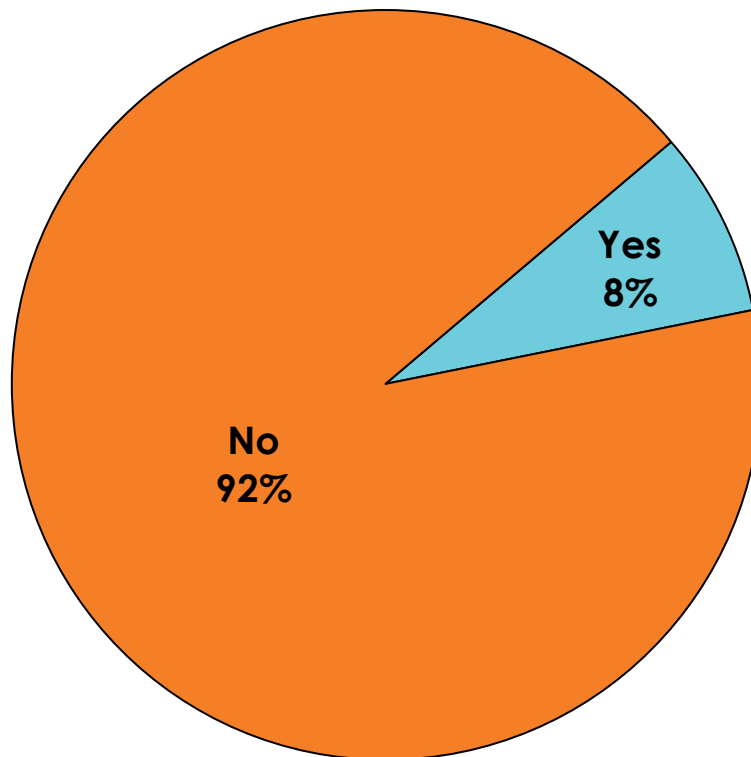
Source: San Diego County Adult (18 years and older) SART data, 2012/2013

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Suspect Weapon Use

The use of weapons was reported in a low number (43 total) of sexual assault cases. When a weapon was used, a knife (23) was used more than twice as often as a gun (10).

**Figure 1-18: Suspect Weapon Use:
2012/2013**



Source: San Diego County Adult (18 years and older) SART data, 2012/2013

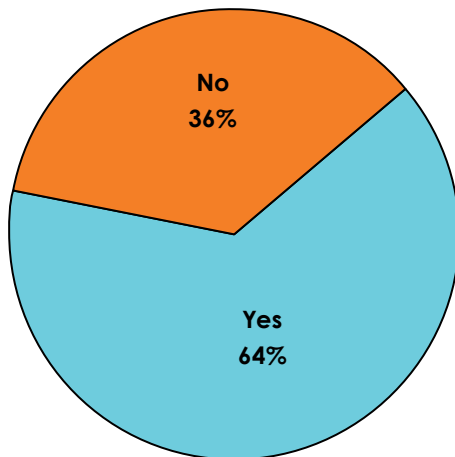
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Victim Alcohol Use

Alcohol use by the victim was involved in about two thirds of the reported sexual assault cases in 2012/2013. Of these cases, almost all reported alcohol use was voluntary (2.5% reported involuntary alcohol use).

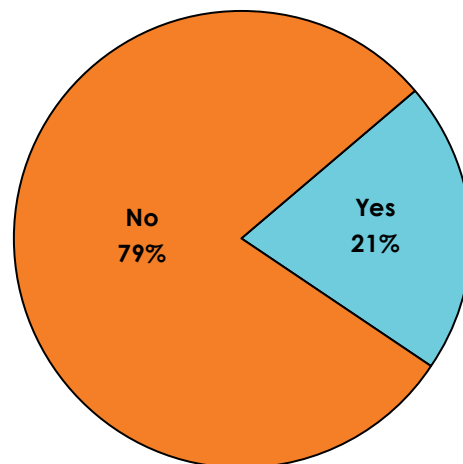
On the contrary, less than one fourth of sexual assault cases in 2012/2013 involved drug use by the victim. However, in almost half (47%) of these cases, the victim reported that the drug use was involuntary.

**Figure 1-19: Victim Alcohol Use:
2012/2013**



Source: San Diego County Adult (18 years and older) SART data, 2012/2013

**Figure 1-20: Victim Drug Use:
2012/2013**



Source: San Diego County Adult (18 years and older) SART data, 2012/2013

CHAPTER

2

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Examinations of Juveniles Under 18 Years 2012/2013



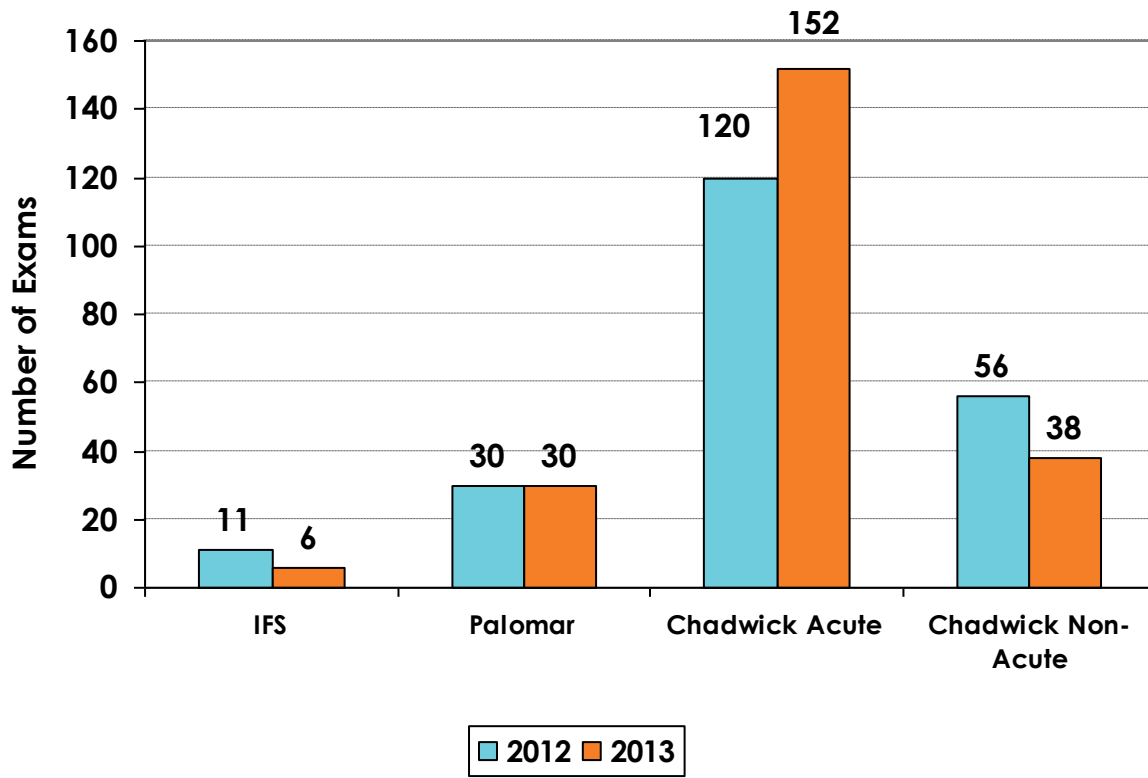
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Examinations by Facility

Sexual assaults of children pose unique challenges, not only legally, but also physically and emotionally. Appropriate investigation and treatment requires a facility with special medical and support services. The Child Abuse Unit at Palomar Health Forensic Services and the Chadwick Center at Rady Children's Hospital provide specialized care for young abuse victims.

In child sexual abuse, the history is very important and challenging to obtain due to the victim's young age and developmental understanding of what has happened. Both Palomar and Chadwick Center have a forensic interviewing component. Forensic interviews are requested as needed by law enforcement and/or Child Welfare Services and are videotaped for possible use later in the investigation and prosecution of a case. The medical providers work collaboratively with the forensic interviewers, limiting questions to the child victim only to questions necessary to perform a competent forensic medical exam.

Figure 2-1: Number of Evidentiary Exams by SART Facility and Year of Exam: Victims Younger Than 18 Years, 2012/2013



Source: San Diego County SART Data, 2012/2013

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Child Welfare Services Referrals

In addition to criminal investigation, cases involving sexual abuse or assault of minors are reported to the County of San Diego Health and Human Services Agency, Child Welfare Services according to the California Child Abuse Reporting Law (P.C 11166). Investigations by law enforcement are, whenever possible, coordinated with the investigation that is carried out by Child Welfare Services to ensure the safety of the child's home and community environment. Child Welfare Services is a major part of the multidisciplinary teams that review minors' cases.

**Table 2-1: All Referrals and Substantiated Referrals with Sexual Abuse Allegations to Child Welfare Services
1998 - 2013**

YEAR	DISTINCT CHILDREN ON REFERRALS*	SEXUAL ABUSE ALLEGATION	% OF TOTAL	CHILDREN ON SUBSTANTIATED REFERRALS**	SUBSTANTIATED SEXUAL ABUSE ALLEGATION	% OF TOTAL
1998	50992	6365	12.5%	13904	1202	8.6%
1999	50282	6021	12.0%	13851	1291	9.3%
2000	49463	5649	11.4%	11899	992	8.3%
2001	50651	5030	9.9%	11778	933	7.9%
2002	51802	5061	9.8%	11073	816	7.4%
2003	50238	4411	8.8%	10469	749	7.2%
2004	49230	4108	8.3%	9920	618	6.2%
2005	49730	3762	7.6%	10435	544	5.2%
2006	49258	4419	9.0%	10027	484	4.8%
2007	49542	4395	8.9%	10750	537	5.0%
2008	51342	5823	11.3%	9454	552	5.8%
2009	51935	5948	11.5%	7704	391	5.1%
2010	50355	5854	11.6%	6709	397	5.9%
2011	48805	5641	11.6%	6037	362	6.0%
2012	47898	5558	11.6%	5545	337	6.1%
2013	47677	5342	11.2%	5008	310	6.2%

*Number of Distinct Children on Referrals is an unduplicated count of children included in reports of child abuse/neglect made to Child Welfare Services (prior to investigation). Children on more than one referral during the year are only counted once.

**Substantiated Referrals are where a social worker has investigated a report and determines that some type of abuse/neglect occurred.

Source: U.C. Berkeley Center for Social Services Research: CWS/CMS Dynamic Report System, http://cssr.berkeley.edu/ucb_childwelfare

Extract date: 7/29/15

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Age and Gender

One out of every five acute evidentiary exams for minors was performed on children aged 5 years or younger and those aged 13 - 17 years represented about 61% of those exams.

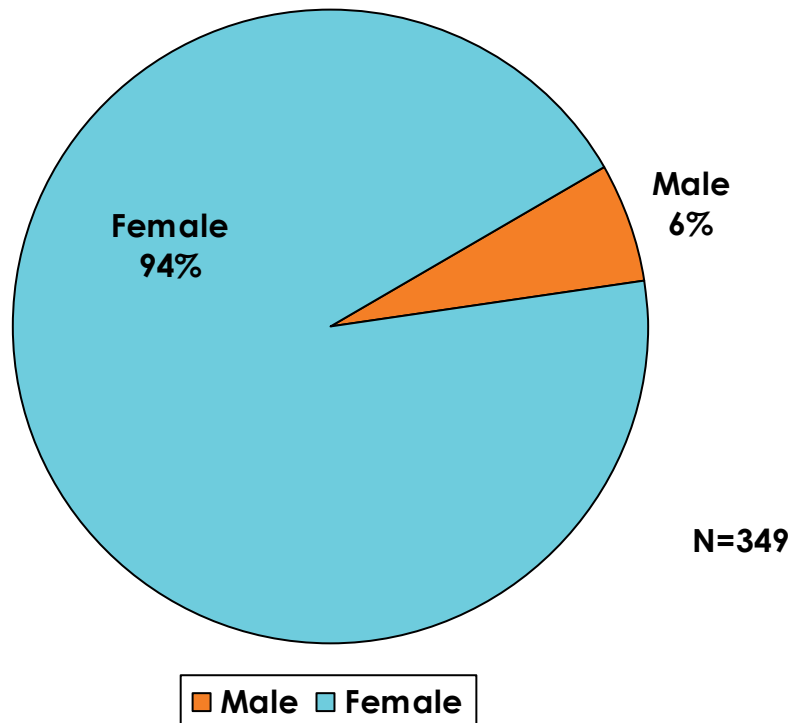
Boys represented 6% of acute evidentiary examinations to children and adolescents, with 21 exams during this time period. Boys aged 17 years and younger represented 27% of all male sexual assault exams conducted.

Table 2-2: Age Distribution by Year, 2012/2013

Age Group	2012		2013		2-Year Total	
0 - 5	28	17.4%	43	22.9%	71	20.3%
6 - 12	21	13.0%	43	22.9%	64	18.3%
13 - 17	112	69.6%	102	54.3%	214	61.3%
Total	161	100.0%	188	100.0%	349	100.0%

Source: San Diego County SART Data: 2012/2013

Figure 2-2: Victims Younger Than 18 Years Receiving Evidentiary Examinations by Gender, 2012/2013



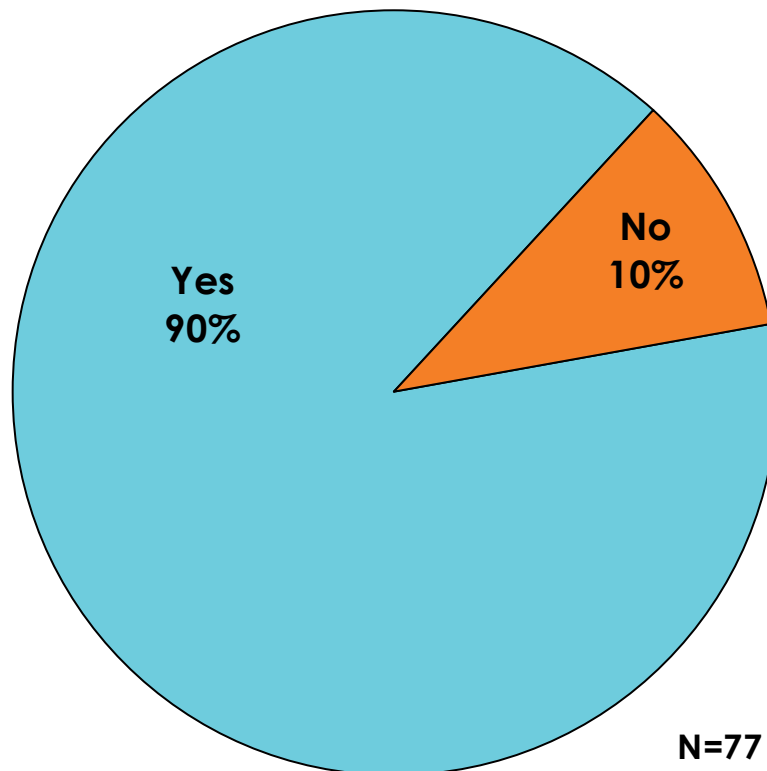
Source: San Diego County SART Data, 2012/2013

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Positive Visible Physical Findings: Juvenile Victims

Reports of sexual assault in children may not occur immediately after the assault. In fact, the majority of examinations are conducted more than 72 hours after the assault, sometimes months or years later. Studies show that in children immediately following sexual abuse/assault, the incidence of positive visible genital injuries is much lower than it is in teens and adults. Genital injuries tend to heal well and sometimes completely or there may be residual changes from injury that still can be identified so there is a difference in the incidence of positive visible physical findings depending on whether the examination is performed immediately after the sexual abuse/assault or sometime later. Children often do not disclose at the time of the abuse for several reasons: confusion, lack of frame of reference, fear of punishment, and perceived or real threats from the perpetrator. The value of the examination rests not only in the discovery of forensic evidence or injury, but also in reassurance given to the child and parents that the child is healthy. During the examination, young children and teens are tested and/or treated prophylactically for sexually transmitted diseases.

Figure 2-3: Any Visible Physical Findings*, Victims Younger than 18 Years, 2012/2013



Source: San Diego County SART Data, 2012/2013

Note: Findings reported for juvenile exams conducted at SART facilities (IFS and Palomar).

* Injuries or visible physical evidence identified by forensic examiners.

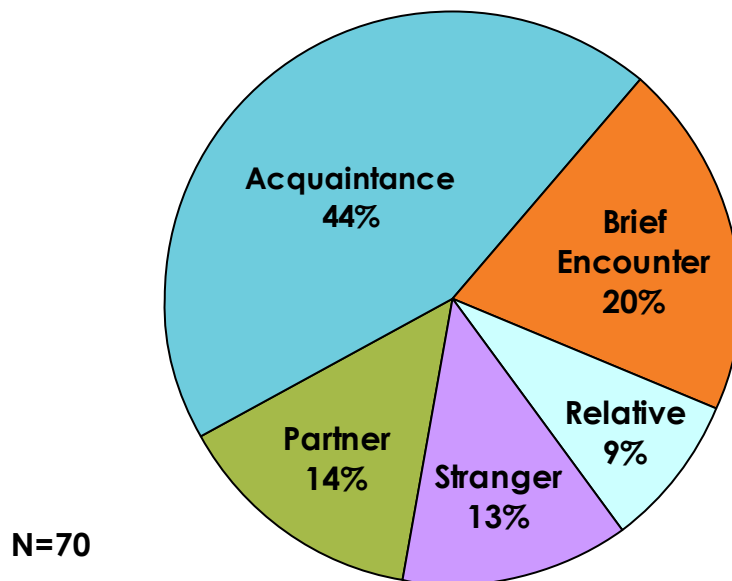
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Perpetrator Relationship: Juvenile Victims

The relationship of the perpetrator to the victim in sexual assault of children displays a different pattern than with adult victims. While most adult victims know their attackers, young children were almost twice as likely to be related to their attackers. This carries special legal ramifications, including potential custodial issues.

Data on perpetrator relationship were reported by IFS and Palomar. Overall, child victims under the age of 18 were assaulted or abused by a relative in 9% of the cases.

**Figure 2-4:
Perpetrator Relationship by Victim Age:
Victims Younger than 18 Years, 2012/2013**



Source: San Diego County SART Data, 2012/2013

Note: Includes data from exams conducted at Palomar or IFS facilities only. Excludes 7 exams with missing/unknown relationship.

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Sexual Abuse Screening Exams

Sexual abuse is unfortunately not an uncommon problem. Good retrospective studies document that by age 18 in the United States, approximately 25% of females and approximately 16% of males will have experienced some form of sexual abuse. Because not all incidents are reported quickly and clearly, some cases do not meet criteria for law enforcement investigation. In these cases, parents or referring community physicians may still obtain a sexual abuse screening examination (Chadwick Center only) that may be paid for privately through patient insurance. These evaluations at times result in information that results in police investigation. Those that do not, still assist parents in making decisions for their child's safety.

Developmentally Disabled Victims

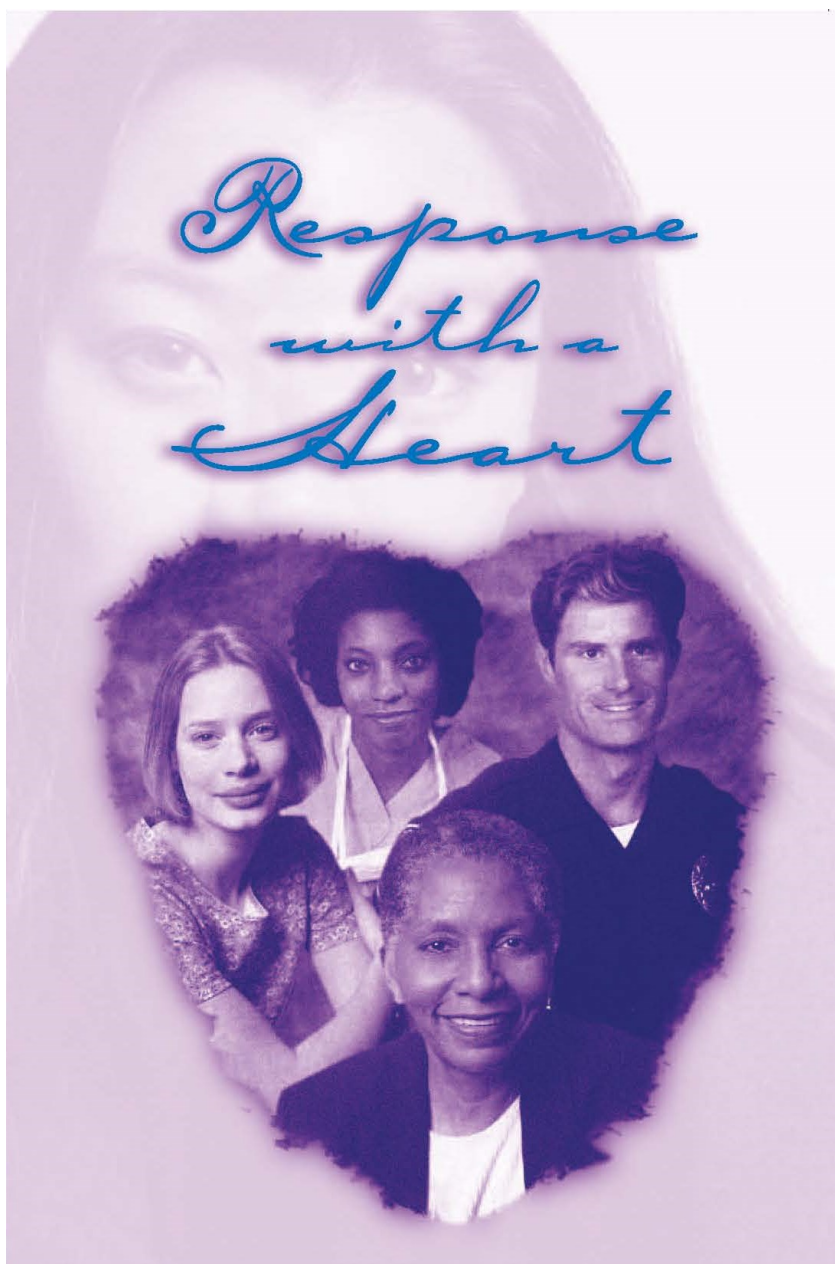
Developmentally disabled teens and adults are very vulnerable to sexual assault and exploitation. Both Palomar and Chadwick see these victims when identified for acute and nonacute exams, as indicated by the timing of the disclosure. They usually also have forensic interviews. Strong advocacy for these victims' protection in San Diego and Imperial Counties is provided by the Victim Assistance Support Team (VAST) Program, whose specially trained advocates work with developmentally disabled victims.

CHAPTER

3

SAN DIEGO COUNTY SART REPORT

SART Systems Review Committee Participants



SAN DIEGO COUNTY SART REPORT

SART Systems Review Committee

Veronica Bautista – Victim Assistance Support Team
Kimberly Breedlove – Victim Assistance Support Team
LupeCalzada – Center for Community Solutions
Emily Campbell – San Diego Sheriff's Office Crime Lab
Cynthia Charlebois – San Diego District Attorney's Office, Victim Assistance
Lenora "Dee" Cline – Avellaka, La Jolla Band of Luiseno Indians
Jenn Davis – Rady Children's Hospital San Diego
Pam Davis – United States Marine Corps
Susan Dickinson – Palomar Health
Veronica Duford – Center for Community Solutions
Ruth Duke – County of San Diego Emergency Medical Services
Arlyn Escalante – Center for Community Solutions
Esther Flores – Center for Community Solutions
Daniel Glorae – San Diego Police Department Crime Lab
Sgt. Linda Griffin – San Diego Police Department
Nirvana Habash – Center for Community Solutions
Noel Harlow – Center for Community Solutions
Jessica Heredia – University of California, San Diego
Ruth Hinzman – Chula Vista Police Department
Holly Hunt – Center for Community Solutions, Legal Services
Paula "Len" Julian – Avellaka, La Jolla Band of Luiseno Indians
Marco Justiniano – United States Marine Corps
Latricia Kamins – United States Marine Corps
Cara Kiggins – Center for Community Solutions
Brian Lew – San Diego Police Department Crime Lab
Jacqueline Manley – Southern Indian Health Council
Cindy Mercado – Center for Community Solutions
Connie Milton – San Diego Sheriff's Office Crime Lab
Jill Morgan – Women's Resource Center
Claire Nelli – Independent Forensic Services
Nikki Newsome – United States Navy

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Germaine Omish-Guachena – Stronghearted Native Women's Coalition

LaVonne Prado – Indian Health Council Clinic

John Rice – San Diego District Attorney's Office

Willow Rouillard – Southern Indian Health Council

Wendy Schlater – Avellaka, La Jolla Band of Luiseno Indians

Lindsey Shaw – Southern Indian Health Council

Kathy Shott – United States Navy

Lt. Anastasia Smith – San Diego Police Department

Evaline "Lena" Smith – Avellaka, La Jolla Band of Luiseno Indians
Desiree Spurlock – San Diego Police Department

Premi Suresh – Rady Children's Hospital San Diego

Lana Talampas – University of California, San Diego

Katherine Wager – Center for Community Solutions/Navy SARC

Nancy Wahlig – University of California, San Diego

Lisa Watkins – San Diego District Attorney's Office, Victim Assistance

Auxie Zuniga – Victim Assistance Support Team

County of San Diego Board of Supervisors



Greg Cox
District 1



Dianne Jacob
District 2



Dave Roberts
District 3, *Vice Chair*



Ron Roberts
District 4



Bill Horn
District 5, *Chair*



Helen N. Robbins-Meyer
Chief Administrative Officer
County of San Diego



Donald F. Steuer
*Assistant Chief Administrative Officer/
Chief Operating Officer*



Nick Macchione, FACHE
*Health and Human Services Agency
Director/General Manager*



Ron Lane
*Public Safety Group
General Manager*



Sarah Aghassi
*Land Use and Environmental Group
General Manager*



David Estrella
*Community Services Group
General Manager*



Tracy Sandoval
*Finance and General Government Group
General Manager*